

Fill in this information to identify the case:

Debtor name Motel Tropical Inc.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number (if known) 3:16-bk-966

Check if this is an amended filing

Official Form 202

## Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property*(Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property*(Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases*(Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration*

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 10, 2016

X /s/ Manuel M Babilonia

Signature of individual signing on behalf of debtor

Manuel M Babilonia

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Motel Tropical Inc.United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISIONCase number (if known) 3:16-bk-966 Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

 No. Go to Part 2. Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest**3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

3.1. Cooperativa San Rafael Apartado  
1531 QUEBRADILLAS PR 00678checking account6053unknown3.2. Banco Popularchecking account (operations)9680unknown4. **Other cash equivalents (Identify all)**5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

 No. Go to Part 3. Yes Fill in the information below.**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

 No. Go to Part 4. Yes Fill in the information below.**Part 4: Investments**

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13. Does the debtor own any investments?

No. Go to Part 5.  
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.  
 Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.  
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.  
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture equipment and room furnishing used in the operation of the business. See Attached Exhibit A</b>	<u>\$95,372.00</u>	<u>depreciated cost</u>	<u>\$95,372.00</u>

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$95,372.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

No  
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

No  
 Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.  
 Yes Fill in the information below.

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**Part 9: Real property**

54. Does the debtor own or lease any real property?

No. Go to Part 10.  
 Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.  
 Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.  
 Yes Fill in the information below.

Debtor Motel Tropical Inc.  
Name

Case number (*If known*) 3:16-bk-966

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u><b>\$0.00</b></u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u><b>\$0.00</b></u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u><b>\$0.00</b></u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u><b>\$0.00</b></u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u><b>\$0.00</b></u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u><b>\$0.00</b></u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u><b>\$95,372.00</b></u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u><b>\$0.00</b></u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u><b>\$0.00</b></u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u><b>\$0.00</b></u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<u><b>\$0.00</b></u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u><b>\$95,372.00</b></u>	+ 91b. <u><b>\$0.00</b></u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u><b>\$95,372.00</b></u>

## MOTEL TROPICAL, INC.

## FIXED ASSETS

JANUARY 13, 2016

ANEJO A

Descripción del activo	Fecha de la Compra	Cantidad pagada	Valor actual	Saldo Actual del Préstamo	Cantidad Pago Mensual	Valor Neto (Menos Préstamo)
Power Generator	2001	\$ 22,000	\$ 2,000	N/A	N/A	\$ 2,000
38 Televisores	2012	11,400	1,900	N/A	N/A	1,900
32 Radios	2012	5,700	760	N/A	N/A	760
4 Neveras	2005	3,000	400	N/A	N/A	400
38 Camas y Matress	2001	11,400	1,800	N/A	N/A	1,800
5 Calentadores Solares	2008	15,000	2,500	N/A	N/A	2,500
38 Portones	2001	22,800	3,800	N/A	N/A	3,800
2 Secadoras 35 lbs.	2008	8,000	2,400	N/A	N/A	2,400
1 Secadoras 50 lbs.	2008	4,000	2,400	N/A	N/A	2,400
2 Lavadoras Maytag 50 lbs.	2008	8,000	800	N/A	N/A	800
Acevedo Solar Systems	2015	2,110	2,100	N/A	2,113	2,100
Master Rerigeration	2012	45,000	5,000	N/A	N/A	5,000
Aires Acondicionados						
Nuevos	2015	7,800	7,800	N/A	N/A	7,800
Mejoras Techos	2015	12,000	12,000	N/A	N/A	12,000
Computadoras	2012	2,000	800	N/A	N/A	800
Camaras de Seguridad	2012	3,600	2,100	N/A	N/A	2,100
Carros de gulf (3)	2010	9,000	2,000	N/A	N/A	2,000
Sabana y fundas	2014	400	200	N/A	N/A	200
Escrivtorios (2)	2014	600	150	N/A	N/A	150
Fotocopiadora (1)	2013	250	75	N/A	N/A	75
Letrero (1)	2012	5,000	1,500	N/A	N/A	1,500
Mejoras de Arrendamiento	2000	150,000	45,000	N/A	N/A	45,000

<u>\$ 349,060</u>	<u>\$ 97,485</u>	<u>\$ 2,113</u>	<u>\$ 95,372</u>
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**ATTACHMENT 5B**  
**CASH REGISTER - PAYROLL ACCOUNT**

Name of Debtor: MOTEL TROPICAL, INC. Case Number: 160966  
Reporting Period beginning 1/11/206 Period ending 2/11/2016  
NAME OF BANK: N/A BRANCH:  
ACCOUNT NAME: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
PURPOSE OF ACCOUNT: PAYROLL

Account for all disbursements, including voids, lost payments, stop payment, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

Check				
<u>Date</u>	<u>Number</u>	<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
Nov. 2015	Cash	Acevedo Alfredo	Payroll	\$ 904.00
Nov. 2015	Cash	Barreto José	Payroll	723.20
Nov. 2015	Cash	Muñoz Noel	Payroll	904.00
Nov. 2015	Cash	Cabán José	Payroll	858.80
Nov. 2015	Cash	Ortiz Beatriz	Payroll	180.80
Nov. 2015	Cash	Pérez Lizandra	Payroll	180.80
Nov. 2015	Cash	Ríos Anabelle	Payroll	180.80
Nov. 2015	Cash	Rivera Yohansen	Payroll	180.80
Nov. 2015	Cash	Moisés González	Payroll	180.80
Dic. 2015	Cash	Acevedo Alfredo	Payroll	\$ 1,430.00
Dic. 2015	Cash	Barreto José	Payroll	1,204.00
Dic. 2015	Cash	Muñoz Noel	Payroll	1,430.00
Dic. 2015	Cash	Cabán José	Payroll	1,073.50
Dic. 2015	Cash	Ortiz Beatriz	Payroll	226.00
Dic. 2015	Cash	Pérez Lizandra	Payroll	226.00
Dic. 2015	Cash	Ríos Anabelle	Payroll	226.00
Dic. 2015	Cash	Rivera Yohansen	Payroll	226.00
Dic. 2015	Cash	Moisés González	Payroll	226.00
January 2016	Cash	Acevedo Alfredo	Payroll	\$ 1,130.00
January 2016	Cash	Barreto José	Payroll	904.00
January 2016	Cash	Muñoz Noel	Payroll	1,130.00
January 2016	Cash	Cabán José	Payroll	1,073.50
January 2016	Cash	Ortiz Beatriz	Payroll	226.00
January 2016	Cash	Pérez Lizandra	Payroll	226.00
January 2016	Cash	Ríos Anabelle	Payroll	226.00
January 2016	Cash	Rivera Yohansen	Payroll	226.00
January 2016	Cash	Moisés González	Payroll	226.00
<b>TOTAL</b>				<b>\$ 15,929.00</b>

**Motel Tropical Inc.**  
**Check Register 90 days**  
**October 7,2015- January 13, 2016**

Date	Check Number	Payee	Purpose	Amount
10/7/2015	392	Manuel González	Rent Motel	\$ 3,000.00
10/27/2015	394	Municipio de Isabela	Patent	956.42
10/19/2015	89005821620	Triple S Vida	Insurance	18.90
10/19/2015	92006384192	Departamento de Hacienda	Ivu Estatal	59.00
10/19/2015	92006394032	Cofim	Ivu Municipal	5.60
10/28/2015	1008913038	First Medical Plan	Medical Plan	269.00
11/11/2015	16	Manuel González	Rent	3,000.00
10/31/2015	571	Cooperativa Isabela	Payments(Loans/ Credit Cards)	533.81
10/29/2015	574	Rockiebach Ojeda Law(F. Bank)	First Bank Payments (Loan)	1,000.00
10/29/2015	575	Banco Popular de P.R.	BPPR Payments (Loan)	500.00
11/9/2015	576	Oriental	Car Payment	810.75
11/9/2015	577	Banco Popular de P.R.	Visa Payment	200.00
11/12/2015	578	AEE	AEE Motel	2,393.05
10/31/2015	572	Cooperativa San Rafael	Payments Credit Cards	2,000.00
11/2/2015	6010001607	BPPR Merchant Fee	Bank Charges	36.48
11/2/2015	6010010522	BPPR Merchant Fee	Bank Charges	27.00
11/4/2015	8000698977	Harlands Checks Orders	Check Orders	38.00
11/12/2015	16002889365	Allied waste Service	Trash Service Disposable	108.75
11/18/2015	21004450383	Triple S Vida	Seguro	18.90
11/18/2015	22004904095	Dept de Hacienda	IVU	34.00
11/18/2015	22004918343	Cofim	IVU Municipal	3.20
11/30/2015	CB	BPPR	Bank Charges	27.88
12/1/2015	472	Yehidimar del Pilar	Maintenance	200.00
11/30/2015	580	Cooperativa AC de Isabela	Payments (Loan)	533.81
11/30/2015	582	Banco Popular de PR	BPPR Payments (Loan)	500.00
12/10/2015	587	AEE	AEE Motel	2,599.97
12/24/2015	588	Manuel González	Rent	3,000.00
12/26/2015	590	Mario Arraiza	Profesional Seervices(Legal)	1,000.00
11/24/2015	579	Carritos Golf	Purchases Gulf Car	2,177.51
11/30/2015	581	Cooperativa San Rafael	Payments (Credit Card ,loan)	2,266.57
11/30/2015	583	First Bank de P.R.	Payments loan	1,000.00
12/1/2015	34007799302	AEE	AEE	199.51
12/1/2005	34007799305	AEE	AEE	117.08
12/1/2015	35008026191	BPPR Merchant	Fee Bank	34.89
12/1/2015	35008035161	BPPR Merchant	Fee Bank	28.08
12/4/2015	38009700746	AAA	AAA	253.33
12/7/2015	41009788400	Allied Waste	Trash Service Disposable	107.99
12/16/2015	50002997979	Departamento de Hacienda	Ivu Estatal	55.00
12/16/2015	50003025807	Cofim	Ivu Municipal	5.25
12/18/2015	51003397967	Triple S Vida	Insurance	18.90
12/30/2015	CB	BPPR	Bank Charges	78.05
12/31/2015	592	Cooperativa de Isabela	Payments loan	533.81
1/8/2016	593	AEE	AEE Motel	2,608.62
1/12/2016	594	Oriental Bank	Car Payment	415.26
1/4/2016	595	Banco Popular de P.R.	BPPR Payments (Loan)	500.00
12/31/2015	596	First Bank de P.R.	F. Bank Payments (Loan)	1,000.00
12/31/2015	591	Cooperativa San Rafael	Payments Credit Cards	1,276.57
1/4/2016	4007489610	BPPR Merchant	Fee Bank	35.42
1/4/2016	4007498564	BPPR Merchant	Fee Bank	28.08
1/7/2016	7008566023	Allied Waste	Trash Service Disposable	107.99
1/7/2016	84066619	Retiro	Purchases	60.00
	CB	BPPR	Bank Charges	11.15

Total : **\$ 35,793.58**

**MOTEL TROPICAL, INC.****BALANCE SHEET****JANUARY 31, 2016****Assets:****Current Assets:**

Cash	\$ 2,180
Inventory	365
	<b><u>2,545</u></b>

**Fixed Assets:**

Property and equipment - Net	50,985
Leasehold improvements	46,500
Total Fixed Assets	<b><u>97,485</u></b>
<b>Total Assets</b>	<b><u>100,030</u></b>

**Liabilities and Stockholder's Equity:****Current Liabilities**

Accounts payable	\$ 2,113
Payroll Taxes	119,789
Taxes payable	96,833
Accrued expenses (rent payable)	9,000
Credit cards payable	9,696
<b>Total Liabilities</b>	<b><u>237,431</u></b>

**Shareholder's Equity:**

Common stock - \$1 par value, authorized shares, 1,000 issued and 50,000 outstanding shares	50,000
Retained earnings (accumulative deficit)	<b><u>(187,401)</u></b>
	<b><u>(137,401)</u></b>

**Total Liabilities and Stockholder's Equity****\$ 100,030**

**MOTEL TROPICAL, INC.**  
**SALARIOS 2015**

<b><u>NOMBRE DE EMPLEADO</u></b>		<b><u>3/31/2015</u></b>	<b><u>6/30/2015</u></b>	<b><u>9/30/2015</u></b>	<b><u>BONO</u></b>	<b><u>Total</u></b>
					<b><u>12/31/2015</u></b>	<b><u>Anual</u></b>
Acevedo Alfredo	581-45-7828	2,938.00	2,938.00	2,938.00	3,238.00	12,052.00
Barreto José	583-84-7769	2,350.40	2,350.40	2,350.40	2,650.40	9,701.60
Muñoz Noel	583-90-1152	2,938.00	2,938.00	2,938.00	3,238.00	12,052.00
Cabán José	582-93-1828	1,175.20	1,175.20	2,791.10	1,819.24	6,960.74
Ortiz Beatriz	581-69-9553	587.60	587.60	587.60	587.60	2,350.40
Pérez Lizandra	583-71-8502	587.60	587.60	587.60	587.60	2,350.40
Pérez Rosaura	582-89-9822	587.60	587.60	587.60	587.60	2,350.40
Ríos Anabelle	597-01-5296	587.60	587.60	-	-	1,175.20
Zamot Ferdinand	584-57-3658	587.60	587.60	587.60	587.60	2,350.40
Rivera Yohansen	117-78-8192	587.60	587.60	-	-	1,175.20
Cabán Maria	581-81-4683	1,175.20	1,175.20	587.60	587.60	3,525.60
Moises González	596-05-5000	1,175.20	587.60	587.60		2,350.40
		<b><u>15,277.60</u></b>	<b><u>\$ 14,690.00</u></b>	<b><u>14,543.10</u></b>	<b><u>13,883.64</u></b>	<b><u>58,394.34</u></b>

**Rios Anabell no incluiría en la trimestral, Babilonia 26 oct. 2015**

**Babilonia va a verificar la nómina de José Cabán. 26 oct. 2015**

**MOTEL TROPICAL, INC.**  
**SALARIOS BRUTOS**  
**28 dic. 2015 al 14 de feb. 2016**

<b>Nombre</b>	<b>Seguro Social</b>	<b>28/dic. /15 10/enero/16</b>	<b>11/enero/16 31/enero/15</b>	<b>1-Feb-16 2/14/2016</b>	<b>Total Anual</b>
Acevedo Alfredo	XXX-XX-7828	452.00	678.00	452.00	1,582.00
Barreto José	XXX-XX-7769	361.60	542.40	361.60	1,265.60
Muñoz Noel	XXX-XX-1152	452.00	678.00	452.00	1,582.00
Cabán José	XXX-XX-1828	429.40	644.10	429.40	1,502.90
Ortiz Beatriz	XXX-XX-9553	90.40	135.60	90.40	316.40
Pérez Lizandra	XXX-XX-8502	90.40	135.60	90.40	316.40
Pérez Rosaura	XXX-XX-9822	90.40	135.60	90.40	316.40
Zamot Ferdinand	XXX-XX-3658	90.40	135.60	90.40	316.40
Cabán Maria	XXX-XX-4683	90.40	135.60	90.40	316.40
		<b>2,147.00</b>	<b>\$ 3,220.50</b>	<b>2,147.00</b>	<b><u>7,514.50</u></b>

**SALARIOS NETOS**

<b>Nombre</b>	<b>Seguro Social</b>	<b>28/dic. /15 10/enero/16</b>	<b>11/enero/16 31/enero/15</b>	<b>1-Feb-16 2/14/2016</b>	<b>Total Anual</b>
Acevedo Alfredo	XXX-XX-7828	416.06	624.10	416.06	1,456.22
Barreto José	XXX-XX-7769	332.86	499.28	332.86	1,165.00
Muñoz Noel	XXX-XX-1152	416.06	624.10	416.06	1,456.22
Cabán José	XXX-XX-1828	395.29	592.90	395.29	1,383.48
Ortiz Beatriz	XXX-XX-9553	83.21	124.82	83.21	291.24
Pérez Lizandra	XXX-XX-8502	83.21	124.82	83.21	291.24
Pérez Rosaura	XXX-XX-9822	83.21	124.82	83.21	291.24
Zamot Ferdinand	XXX-XX-3658	83.21	124.82	83.21	291.24
Cabán Maria	XXX-XX-4683	83.21	124.82	83.21	291.24
		<b>1,976.32</b>	<b>\$ 2,964.48</b>	<b>1,976.32</b>	<b><u>6,917.12</u></b>

**COMPUTO SEMANAL NETO**

<b>Nombre</b>	<b>Seguro Social</b>	<b>11/enero/16</b>	<b>1-Feb-16</b>	<b>TOTAL</b>
		<b>31/enero/15</b>	<b>2/14/2016</b>	
Acevedo Alfredo	XXX-XX-7828	624.10	416.06	1,040.16
Barreto José	XXX-XX-7769	499.28	332.86	832.14
Muñoz Noel	XXX-XX-1152	624.10	416.06	1,040.16
Cabán José	XXX-XX-1828	592.90	395.29	988.19
Ortiz Beatriz	XXX-XX-9553	124.82	83.21	208.03
Pérez Lizandra	XXX-XX-8502	124.82	83.21	208.03
Pérez Rosaura	XXX-XX-9822	124.82	83.21	208.03
Zamot Ferdinand	XXX-XX-3658	124.82	83.21	208.03
Cabán Maria	XXX-XX-4683	124.82	83.21	208.03
		<b>\$ 2,964.48</b>	<b>1,976.32</b>	<b>4,940.80</b>

**MOTEL TROPICAL, INC.**  
**SALARIOS 2015**

<b><u>NOMBRE DE EMPLEADO</u></b>		<b>11/enero/16</b>	<b>1/feb/16</b>	<b>Total</b>
		<b>31/enero/16</b>	<b>14/feb/16</b>	<b>Anual</b>
Acevedo Alfredo	581-45-7828	678.00	452.00	1,130.00
Barreto José	583-84-7769	542.40	361.60	904.00
Muñoz Noel	583-90-1152	678.00	452.00	1,130.00
Cabán José	582-93-1828	644.10	429.40	1,073.50
Ortiz Beatriz	581-69-9553	135.60	90.40	226.00
Pérez Lizandra	583-71-8502	135.60	90.40	226.00
Pérez Rosaura	582-89-9822	135.60	90.40	226.00
Zamot Ferdinand	584-57-3658	135.60	90.40	226.00
Cabán Maria	581-81-4683	135.60	90.40	226.00
		<hr/> - \$ -	<hr/> 3,220.50	<hr/> 2,147.00
				<b><u>5,367.50</u></b>

**MOTEL TROPICAL, INC.**  
**SALARIOS NOVIEMBRE Y DIC. 2015 Y ENERO 2016**

<b><u>NOMBRE DE EMPLEADO</u></b>		<b><u>NOV. 2015</u></b>	<b><u>DIC. 2015</u></b>	<b><u>ENERO 2016</u></b>	<b><u>TOTAL</u></b>
Acevedo Alfredo	581-45-7828	\$ 904.00	\$ 1,430.00	\$ 1,130.00	\$ 3,464.00
Barreto José	583-84-7769	723.20	1,204.00	904.00	2,831.20
Muñoz Noel	583-90-1152	904.00	1,430.00	1,130.00	3,464.00
Cabán José	582-93-1828	858.80	1,073.50	1,073.50	3,005.80
Ortiz Beatriz	581-69-9553	180.80	226.00	226.00	632.80
Pérez Lizandra	583-71-8502	180.80	226.00	226.00	632.80
Ríos Anabelle	597-01-5296	180.80	226.00	226.00	632.80
Rivera Yohansen	117-78-8192	180.80	226.00	226.00	632.80
Moises González	596-05-5000	180.80	226.00	226.00	632.80
		<b><u>\$ 4,294.00</u></b>	<b><u>\$ 6,267.50</u></b>	<b><u>\$ 5,367.50</u></b>	<b><u>\$ 15,929.00</u></b>

**MOTEL TROPICAL, INC.**  
**LIABILITIES**  
**JANUARY 31, 2016**

NUMERO DE CUENTA	ACREEDORES	DIRECCION	CONCEPTO DE DEUDA	PAGO MINIMO	BALANCES MOTEL TROPICAL, INC.
4549 2579 2319 2872	VISA BANCO POPULAR CREDIT CARD	BANCO POPULAR DE PR BOX 70100 SAN JUAN PR 00936-8100	PO INTERNAL REVENUE SERVICE LUIS RIVERA CENTRO NOVOS PLAZA BLDG. 475 HOSTOS AVE. SUITE 207 MAYAGUEZ P.R. 00680-1554 INTERNAL REVENUE SERVICE KANSAS CITY, MO 64999-0202	1,475.00	\$ 9,696.15
660-56-3070	DEPARTMENT OF THE TREASURY	Internal Revenue Services Internal Revenue Services Kansas City, MO 64999-0202	941-PR 09-30-2015		\$ 84,873.58
660-56-3070	DEPARTMENT OF THE TREASURY	Internal Revenue Services Internal Revenue Services Kansas City, MO 64999-0202	941-PR 12-31-2015		2,225.00
660-56-3070	DEPARTMENT OF THE TREASURY	Internal Revenue Services Internal Revenue Services Kansas City, MO 64999-0202	940-PR 2015		2,124.19
	<b>SUB-TOTAL</b>				
302040289	COMPANIA DE TURISMO	PO BOX 9024000 JUAN P.R. 00902-4000	SAN IMPUESTO HOTELERO JANUARY 2016	74,749.50	
302040289	COMPANIA DE TURISMO	PO BOX 9024000 JUAN P.R. 00902-4000	SAN IMPUESTO HOTELERO JANUARY 2016	1,929.78	\$ 76,679.28
	<b>SUB-TOTAL</b>				
660-56-3070	DEPARTAMENTO DE HACIENDA	DISTRITO DE COBROS DE CONTRIBUCIONES 50 CALLE NENADICH W STE 211 MAYAGUEZ PUERTO RICO 00680-3662	PENALIDAD 2014		20,154.05
3125030008	DEPT DEL TRABAJO Y RECURSOS HUMANOS	NEGOCIAZO DE SEGURIDAD EN EL EMPLEO P.O. BOX 1020 SAN JUAN P.R. 00919-1020	DESEMPLEO E INCAPACIDAD	\$ 25,219.89	
3125030008	DEPT DEL TRABAJO Y RECURSOS HUMANOS	NEGOCIAZO DE SEGURIDAD EN EL EMPLEO P.O. BOX 1020 SAN JUAN P.R. 00919-1020	DESEMPLEO E INCAPACIDAD 03-31-2015		916.16
3125030008	DEPT DEL TRABAJO Y RECURSOS HUMANOS	NEGOCIAZO DE SEGURIDAD EN EL EMPLEO P.O. BOX 1020 SAN JUAN P.R. 00919-1020	DESEMPLEO E INCAPACIDAD 06-30-2015		881.40
3125030008	DEPT DEL TRABAJO Y RECURSOS HUMANOS	NEGOCIAZO DE SEGURIDAD EN EL EMPLEO P.O. BOX 1020 SAN JUAN P.R. 00919-1020	DESEMPLEO E INCAPACIDAD 09-30-2015		673.91
3125030008	DEPT DEL TRABAJO Y RECURSOS HUMANOS	NEGOCIAZO DE SEGURIDAD EN EL EMPLEO P.O. BOX 1020 SAN JUAN P.R. 00919-1020	DESEMPLEO E INCAPACIDAD 12-31-2015		299.36
	<b>SUB-TOTAL</b>				\$ 27,990.72

9311 000340	CFSE	OFICINA REGIONAL DE AGUADILLA PO BOX 336 AGUADILLA PR 00605-0336	POLIZA	\$ 2,302.00
Customer Account Babilonia-004	ACEVEDO SOLAR SYSTEM	PO BOX 1344 MOCA PR 00676	SISTEMA SOLAR	\$ 2,113.20
	MANUEL GONZALEZ VALENTIN	ISABELA, PUERTO RICO	RENTA DEL MOTEL	\$ 9,000.00
<b>TOTAL</b>				<b>\$ <u>237,431.70</u></b>

**MOTEL TROPICAL, INC.**

FINANCIAL INSTITUTION	ADDRESS	ACCOUNT NUMBER
SAN RAFAEL COOPERATIVE	Apartado 1531 Quebradillas PR 00678	66053
BPPR	San Juan, PR	338-219680

Fill in this information to identify the case:

Debtor name Motel Tropical Inc.United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISIONCase number (if known) 3:16-bk-966 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Creditor's Name	Describe debtor's property that is subject to a lien	Column A Amount of claim	Column B Value of collateral that supports this claim
<b>2.1 internal revenue service</b>		<b>\$84,873.58</b>	<b>\$0.00</b>

Creditor's Name

**PO Box 219690  
Kansas City, MO  
64121-9690**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**3070**

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien

**lien on account with Cooperativa San Rafael**

Is the creditor an insider or related party?

 No Yes

Is anyone else liable on this claim?

 No Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$84,873.58****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name Motel Tropical Inc.United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISIONCase number (if known) 3:16-bk-966 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

 No. Go to Part 2. Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Departamento deltrabajo y Recursos Human</b>  <b>PO Box 1020</b> <b>San Juan, PR 00919-1020</b>  Date or dates debt was incurred <b>03/31/2015</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: 	<b>\$916.16</b> <b>\$916.15</b>
	Last 4 digits of account number <b>0008</b>  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address <b>Departamento deltrabajo y Recursos Human</b>  <b>PO BOX 1020</b> <b>San Juan, PR 00919-1020</b>  Date or dates debt was incurred <b>09/30/2015</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>PR Uemployment &amp; Dissability</b>	<b>\$673.91</b> <b>\$673.91</b>
	Last 4 digits of account number <b>0008</b>  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Motel Tropical Inc.</b> Name	Case number (if known)	<b>3:16-bk-966</b>
2.3	Priority creditor's name and mailing address <b>Departamento deltrabajo y Recursos Human</b> <b>PO BOX 1020</b> <b>San Juan, PR 00919-1020</b>  Date or dates debt was incurred <b>12/31/2015</b>  Last 4 digits of account number <b>0008</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>PR Unemployment and Dissability</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$299.36</b> <b>\$0.36</b>
2.4	Priority creditor's name and mailing address <b>DEPARTAMENTO HACIENDA</b> <b>PO BOX 9024140</b> <b>SAN JUAN PR, PR 00902-4140</b>  Date or dates debt was incurred  Last 4 digits of account number <b>3070</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Penalty IVU</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b> <b>\$0.00</b>
2.5	Priority creditor's name and mailing address <b>Dept. del Traabajo &amp; Recursos Humanos</b> <b>PO BOX 1020</b> <b>San Juan, PR 00919-1020</b>  Date or dates debt was incurred  Last 4 digits of account number <b>0008</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>unemployment and disability taxes</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,219.89</b> <b>\$25,219.89</b>
2.6	Priority creditor's name and mailing address <b>Deptartamento del Trabajo y Recursos Hum</b> <b>PO BOX 1020</b> <b>San Juan, PR 00919-1020</b>  Date or dates debt was incurred <b>06/30/2015</b>  Last 4 digits of account number <b>0008</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>PR unemployment &amp; Disability</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$881.40</b> <b>\$0.00</b>

Debtor **Motel Tropical Inc.**  
Name

Case number (if known)

**3:16-bk-966**

2.7	Priority creditor's name and mailing address <b>internal revenue service</b>  <b>PO Box 219690</b> <b>Kansas City, MO 64121-9690</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,225.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim: <b>941 - PR 2015</b>		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)				
2.8 Priority creditor's name and mailing address <b>internal revenue service</b>  <b>PO Box 219690</b> <b>Kansas City, MO 64121-9690</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,124.19</b>	<b>\$2,124.19</b>
Date or dates debt was incurred		Basis for the claim: <b>941-pr-2015</b>		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)				
2.9 Priority creditor's name and mailing address <b>internal revenue service</b>  <b>PO Box 219690</b> <b>Kansas City, MO 64121-9690</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$273.00</b>	<b>\$273.00</b>
Date or dates debt was incurred		Basis for the claim: <b>941-2015</b>		
Last 4 digits of account number <b>3070</b>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)				
2.10 Priority creditor's name and mailing address <b>Tourism Company</b>  <b>PO Box 9024000</b> <b>San Juan, PR 00902-4000</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$74,749.50</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim: <b>Room tax debt</b>		
Last 4 digits of account number <b>0289</b>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)				

Debtor	<b>Motel Tropical Inc.</b> Name	Case number (if known)	<b>3:16-bk-966</b>
2.11	Priority creditor's name and mailing address <b>Tourism Company</b>  <b>PO Box 9024000</b> <b>San Juan, PR 00902-4000</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$1,929.78</b> <b>\$1,929.78</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred <b>January 2016</b>	Basis for the claim: <b>Room Tax January 2016</b>	
	Last 4 digits of account number <b>0289</b>	Is the claim subject to offset? <input checked="" type="checkbox"/> No	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		<b>Amount of claim</b>	
3.1	Nonpriority creditor's name and mailing address <b>Acevedo Solar System</b>  <b>PO Box 1344</b> <b>Moca, PR 00676-1344</b>  Date(s) debt was incurred  Last 4 digits of account number <b>a004</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>solar system</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,113.20</b>
3.2	Nonpriority creditor's name and mailing address <b>BANCO POPULAR</b>  <b>PO BOX 70100</b> <b>SAN JUAN, PR 00936-8100</b>  Date(s) debt was incurred  Last 4 digits of account number <b>2872</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>credit card debt</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,696.15</b>
3.3	Nonpriority creditor's name and mailing address <b>Banco Popular de Puerto Rico</b> <b>Banco Popular- Mortgage Servicing</b> <b>PO Box 362708</b> <b>San Juan, PR 00936-2708</b>  Date(s) debt was incurred <b>2003</b>  Last 4 digits of account number <b>1etc</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>co debtor to loan disbursed to Manuel Babilonia &amp; Mirta Cortes</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,503,932.77</b>
3.4	Nonpriority creditor's name and mailing address <b>CFSE</b>  <b>PO Box 336</b> <b>Aguadilla, PR 00605-0336</b>  Date(s) debt was incurred  Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>yearly premiums</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,302.00</b>
3.5	Nonpriority creditor's name and mailing address <b>Fondo del Seguro del Estado</b>  <b>PO Box 336</b> <b>Aguadilla, PR 00605-0336</b>  Date(s) debt was incurred <b>2015</b>  Last 4 digits of account number <b>0340</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>CFSE policy</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,303.00</b>

Debtor Motel Tropical Inc.  
Name

Case number (if known)

3:16-bk-966

3.6	Nonpriority creditor's name and mailing address <b>Manuel Gonzalez Valentin</b> <b>243 Calle Oscala</b> <b>Isabela, PR 00662</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>arreas on rental property</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,000.00
3.7	Nonpriority creditor's name and mailing address <b>Puerto Rico Treasury Dept</b> <b>Po Box 9024140</b> <b>San Juan, PR 00902-4140</b> Date(s) debt was incurred <u>2014</u> Last 4 digits of account number <u>3070</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Penalty 2014</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,154.05

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>BANCO POPULAR</b> <b>Calle Mendez Vigo 17-0 Mayaguez, PR 0068</b>	Line <u>3.3</u>	<u>1etc</u>
		<input type="checkbox"/> Not listed. Explain _____	
4.2	<b>Banco Popular de Puerto Rico</b> <b>PO Box 2633 Box 2633</b> <b>Mayaguez, PR 00681-2633</b>	Line <u>3.3</u>	<u>1etc</u>
		<input type="checkbox"/> Not listed. Explain _____	
4.3	<b>Distrito de Cobros de Contribuciones</b> <b>Distrito de cobros de contribuciones</b> <b>50 Calle Nenadich W Ste 211</b> <b>Mayaguez, PR 00680-3662</b>	Line <u>2.4</u>	<u>3070</u>
		<input type="checkbox"/> Not listed. Explain _____	

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	\$ <u>109,292.19</u>
5b. Total claims from Part 2	\$ <u>1,549,501.17</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$ <u>1,658,793.36</u>

Fill in this information to identify the case:

Debtor name Motel Tropical Inc.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number (if known) 3:16-bk-966

Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

#### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Rental agreement on Motel Property**

State the term remaining

List the contract number of any government contract

**Manuel Gonzalez Valentin  
243 Calle Oscala  
Isabela, PR 00662**

Fill in this information to identify the case:

Debtor name Motel Tropical Inc.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number (if known) 3:16-bk-966

Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

### 1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Manuel Babilonia - Santiago	Box 4061 Isabela, PR 00662	Banco Popular de Puerto Rico	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.3</u> <input type="checkbox"/> G _____
2.2	Mirta COrtes-Ramos	PO Box 1194 Box 1194 Quebradillas, PR 00678-1194	Banco Popular de Puerto Rico	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.3</u> <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name Motel Tropical Inc.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number (if known) 3:16-bk-966

Check if this is an amended filing

## Official Form 206Sum Summary of Assets and Liabilities for Non-Individuals

12/15

### Part 1: Summary of Assets

1. *Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)*

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 95,372.00

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 95,372.00

### Part 2: Summary of Liabilities

2. *Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)*

Copy the total dollar amount listed in Column A *Amount of claim*, from line 3 of *Schedule D*..... \$ 84,873.58

3. *Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)*

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 109,292.19

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 1,549,501.17

4. **Total liabilities** .....

Lines 2 + 3a + 3b

\$ 1,743,666.94